



## Telemental Health Within School Setting **Pilot Programs**

**Project AWARE - SEA**  
**November 2020**



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# Overview

Through [Project AWARE - SEA](#), the South Dakota Department of Education (DOE), in partnership with the South Dakota Department of Social Services, Division of Behavioral Health (DSS-DBH), aim to build a multi-tiered approach in support of the mental health needs of school-age youth (Figure 1). This project is funded through a 5-year grant awarded to DOE by the Substance Abuse and Mental Health Services Administration (SAMHSA) and allows for the participation of districts or local education agencies (LEAs). The funding continues each year upon successfully meeting SAMHSA requirements for renewal. The 5-year grant started in September 2018 and is currently in the third year.

The purpose of this document is to provide the LEAs with considerations for having telemental health services as a part of their tiered system of supports that guide their Project AWARE activities. The telemental health component within Project AWARE involves building pilot sites that support the community mental health center (CMHC) partners in each of the Cohort I LEAs as they deliver Tier 3 services virtually. The grant research base is the framework for the tiered work under [Positive Behavioral Interventions and Supports \(Figure 1\)](#). Telemental health services fall within wrap-around (Tier 3) services.

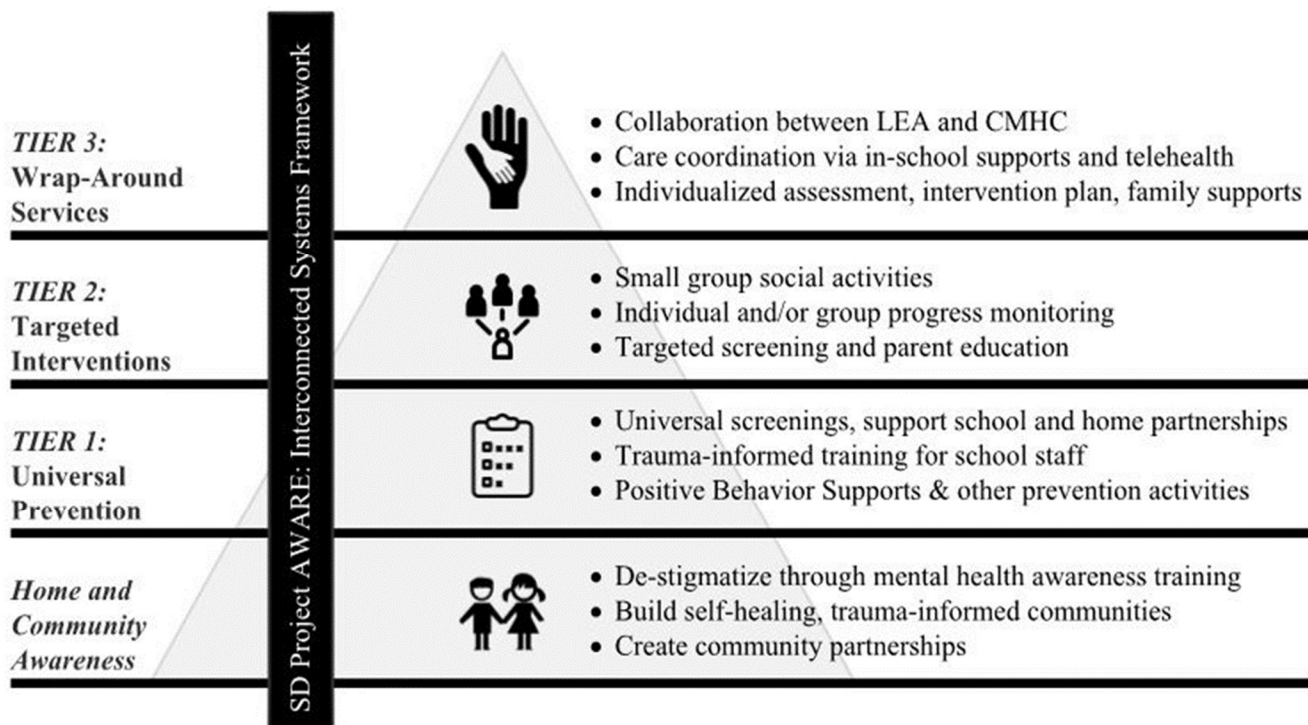


Figure 1 SD Project AWARE Interconnected Systems



## Technology as a Frame of Life

In the past decade, technology has evolved to bring innovation and comfort to children's and adolescents' use of devices as they navigate ways to interact with each other and adults in their daily lives.

Schools have developed the capacity to provide educational opportunities beyond the school walls by using technology, such as laptops, tablets, and mobile phones. It has become commonplace for instruction to include digital content accessed through the internet. Telemental health draws on this new capacity to deliver mental health services to students using the same devices and similar platforms. Telemental health also removes barriers to allow increased access to treatment.

## Merging of Services and Children's Access

[Telehealth](#) has become prevalent. Under the phrases of telebehavior health, telemedicine, and virtual visits, providers “explore ways to reduce gaps and increase access to essential behavioral health services. This option falls under the telehealth umbrella—a tool that capitalizes on technology to provide health services remotely.”

As schools work on telehealth partnerships with behavior and mental health services, one major area of concern is the possible lack of internet and access to technology, commonly called a “[digital divide](#).”

Great strides have been made in lessening the digital divide for students, and this will be an ongoing process. The use of remote or telehealth services is a reality of life. National practice models show progress in digital access, especially during the COVID-19 pandemic, and it is part of the considerations section of the pilot programs.



## Behavior Health Approach

SAMHSA [systems of care](#) “improve families’ access to needed services and, as a result, the lives of children, youth, and their families.”

Tier 3 work with systems of care (SOC) is the starting place from which [CMHCs](#) and the schools establish wrap-around services for the students.

If mental health services are then made available to students, the telemental health option will be a tool for access to this type of health care.

For more information about SOC see South Dakota [DSS-DBH](#).



# Considerations for Schools



The process for implementing a sustainable telemental health program requires schools to consider three implementation phases:

## 1. Community readiness assessment

## 2. Detailed program development plan

## 3. Program sustainability

**These considerations are intended to strengthen the design and implementation of telemental health services in schools. The suggested considerations do not constitute legal advice, and any finalized policies, procedures, and tools should be reviewed by qualified legal counsel and the local school board.**

## Community Readiness Assessment

The first step in implementing telemental health services is to assess the community needs, readiness, and available resources.

**Are there specific needs or populations who would benefit from increased access to services?** Take time to review your district's mental health data. Some useful data resources include CMHC data, Tier I screener data from universal screening (see Figure 1), and parent surveys. Consider additional suggestions when providing services in [rural and remote areas](#) and serving unique populations such as [Indigenous communities](#)

**What aspects of your community's culture will facilitate the development of telemental health services in the school? What cultural barriers might be encountered when implementing telemental health services in the school?** Through reflection and conversations, consider your community's beliefs about implementing telemental health services in schools. A [SWOT analysis](#) can assist you in identifying these areas of strength and weakness.

**What organizations in your community have a common interest in supporting mental health?** Implementing telemental health services in schools will require ongoing resources and community partnerships. A good place to start is checking with your [CMHC](#) to discuss a partnership and its services. Additionally, you might think about contacting local health systems and nonprofits such as Rotary.

**In your community, who are the telemental health champions? How will they be involved in developing and implementing telemental health services in schools?** Successful implementation of telemental health services relies on support from all levels of the system. Identifying and including champions of the cause from the beginning will help to create excitement and momentum for the program. Be sure to include individuals from all levels of the system— parents, teachers, administrators, and [community partners](#)

**What facilities and technology resources are available in the school for implementing telemental health services? How will adequate facilities and equipment be attained to support implementing telemental health services?**

Implementation of telemental health services requires facilities and technology devices that provide high-quality service and maintain students' privacy. An excellent way to start identifying needs is checking with mental health providers in your area, such as the CMHC, for technology requirements and available resources. For additional recommendations, review the American Telemedicine Association's publications for [video-based online mental health services](#) and [physical location/telemental health spaces](#).

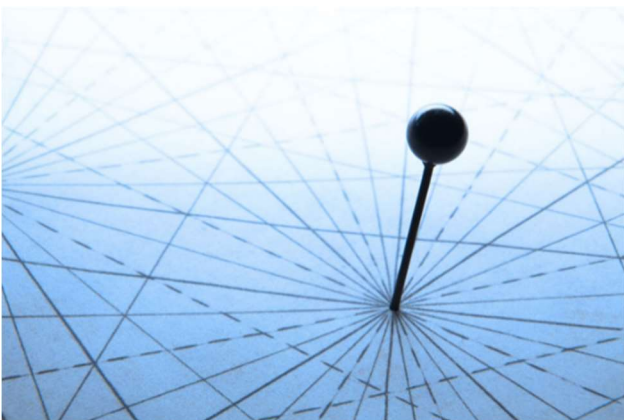


## Detailed Program Development Plan

Building on a solid understanding of the community needs, readiness, and available resources, the detailed work of planning program implementation can begin. Program implementation plans have multiple components, including a timeline, coordination with community providers, development of [policies and procedures](#), and development of a stakeholder communication plan.



**How long will it take to develop a telemmental health program?** When planning your implementation timeline, you must consider a few factors. A driving factor for the timeline is identifying funding to cover the start-up costs of technology and staffing. Consider coordinating with local organizations and your CMHC to identify additional sources of grant funding and available resources to cover these costs. Another factor for the timeline is the amount of time it will take for technology acquisition, installation, and training. It is crucial to start this process early because access to technology is critical to program implementation. In addition to acquiring technology, you will need to develop essential policies and procedures (discussed later). A final factor to consider is time for hiring and training key staff to carry out the developed policies and procedures.



**What coordination needs to happen with community providers? Do [memoranda of understanding \(MOUs\)](#) need to be developed?** Early coordination with selected providers is key to planning and developing policies to support the implementation of telemmental health programs in schools. It is essential to coordinate with the providers to determine available services, clarify billing responsibilities and paperwork collection procedures, and explicitly define operational policies. Data sharing agreements will need to be in place to comply with [FERPA and HIPAA](#) requirements. (See the detailed [FERPA and HIPAA guidance](#)). Consider communication strategies that will support an integrated team treatment plan between the school and the provider. Another area to focus on when coordinating with providers is [informed consent](#). You can find many samples of [informed consent forms](#) online and in [Appendix B](#).

**What policies and procedures are needed?** When planning to implement telemetal health services in schools, it is essential to develop detailed operating procedures. The procedures should be detailed and specific to each school site and situation. Procedures need to address scenarios that occur before, during, and after a treatment session. See [Appendix C](#) for a sample set of policies and procedures.

**Who initiates a referral to a provider? [When is the referral made?](#) How is the referral made? Who determines a patient's [appropriateness for telemetal health services](#)?** When planning to implement telemetal health services in schools, it is essential to develop detailed operating procedures that address scenarios that occur before, during, and after a treatment session. It is recommended that schools create procedures that address various scenarios, including assessments, crises, and routine therapy sessions. The procedures should be detailed and specific to the school and the situation. See [Appendix C](#) for a sample set of policies and procedures.

A referral protocol is one set of procedures that needs to be established. The data gathered through the [interconnected system of support](#) may help to inform the development of the referral protocol.

Another set of procedures might address [the scheduling and intake](#) process. You also need to develop procedures that address expectations for support during telemetal health sessions, including onsite [presenter assistance](#) and supervision, [treatment room access](#), and an [in-session crisis plan](#).



**What considerations need to be made if telemental health services are provided to students outside of the school?** A protocol that allows students to access telemental health services from home might include take-home procedures for equipment, the provision of access to the internet, a discussion with the provider regarding the [appropriateness of at-home sessions](#).

**What are the hours of availability for telemental health services? Who might benefit from having access to telemental health services when they are not being used to support the delivery of Tier 3 services to students?** If equipment is made available to teachers, staff, community members, and so on, you may want to write a protocol that outlines the processes for signing up, identifying time availability and monitoring requirements.



**How will the school accommodate student language and cultural backgrounds?** You should develop additional policies and procedures that discuss providing culturally sensitive services. There are cultural considerations when working with all youth, especially [youth with diverse backgrounds](#), [youth from Indigenous communities](#), and [families in rural and remote areas](#). Each telemental health session should be conducted in the student's preferred language. If the provider does not speak the student's preferred language, an [interpretation service should be provided](#). The [American Telemedicine Association](#) states, "To date, no studies have identified any patient subgroup that does not benefit from, or is harmed by, mental healthcare provided through remote videoconferencing."

**What additional accommodations are available to ensure equitable services to students with an IEP or a 504 plan.** Schools must consider the layout of the room and [access to the equipment](#). Student accommodations should be personalized and designed to provide each student with [equitable access to telemental health services](#).



**Have you identified staff for each of the tasks outlined in your procedures? Is there funding available to bring on an additional staff member?** Once you have developed policies and procedures and stakeholders (including the CMHC, staff, and community members) have reviewed them, you can consider additional staff needs that may have emerged. One staff position mentioned in many sample procedures is a [patient support coordinator](#) or [remote site coordinator](#). With all staff identified, develop a detailed [remote site staff training plan](#) to include community Project AWARE managers (CPAMs), SOC coordinators, administrators, counselors, and teachers.



## Program Sustainability

A significant amount of work goes into implementing telemental health services in schools. The next phase in the implementation process is sustainability. There are several factors to consider regarding program sustainability, including stakeholder communication, program monitoring, ongoing funding, and technical maintenance and support.

**How will stakeholders learn about the new telemental health services?** A [comprehensive communication plan](#) will outline a timeline and a communication strategy for all stakeholder groups. For telemental health in schools, consider informing school staff, students, families, administrators, and community members about the new services. In addition to creating a communication plan, you should also develop an ongoing training plan. An ongoing training plan will provide new staff and existing staff with the opportunity to learn about the telemental health services being offered and the process for referring students to the services. In addition to ongoing training about telemental health services, also include updates regarding how to address technical issues.

**How much sustained funding do you need to continue offering telemental health services? Did you consider equipment replacement in addition to staffing?** Although many telemental health programs are initially implemented with grant funds, the length of those grants is often limited. Therefore, it is essential to secure long-term funding. Now is an excellent time to reconnect with the people and organizations you identified as champions earlier in the implementation process. Larger organizations or community nonprofits may be interested in partnering.

**How will you know if the telemental health services are effective? What structures need to be in place to ensure all stakeholders are considered when determining the effectiveness?** An additional aspect of sustainable program implementation is planned [program monitoring](#) and continuous improvement cycles. Scheduling regular process check-ins with telemental health partners, including the CMHC, will ensure that time is reserved for discussing improvements in processes and policies.



# Glossary of Terms

**Bandwidth:** A measure of the information-carrying capacity of a communications channel; in some areas, a practical limit to the capability of a telemedicine service.

**Case consultation agreement:** Integrated treatment plan between two or more of the following: the case manager, treating providers, and other professionals or paraprofessionals involved in the student's care.

**Community Mental Health Centers (CMHC):** Community mental health centers in South Dakota provide quality services to adults and youth. Services include screenings and assessments, case management, individual therapy, group therapy, and crisis intervention.

**Data sharing agreements:** Formal contracts detailing the data being shared and the appropriate use for the data.

**Encryption:** A system of encoding data on a webpage or in an email so that the information can only be retrieved and decoded by the person or computer system authorized to access it.

***Evidence-based and emerging best practice (EBP):*** In general, an EBP is a practice or program whose effectiveness is supported by rigorous research. In other words, research shows that the practice or program works.

**Family Educational Rights and Privacy Act (FERPA):** A federal law that affords parents the right to have access to their children's educational records, the right to seek to have the records amended, and the right to have some control over the disclosure of personally identifiable information from the education records. The FERPA statute is found at 20 U.S.C. § 1232g, and the FERPA regulations are found at 34 CFR Part 99.

**Firewall:** Computer hardware and software that block unauthorized communications between an institution's computer network and external networks.

**Full-motion video:** A standard video signal that allows video to be shown at the distant end in smooth, uninterrupted images.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA):** A federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

**Latency:** Any delay in transmission of the picture or audio in a telehealth encounter. (Anyone who has Skyped on a bad connection has seen this phenomenon.) It can create awkward stepping on each other's sentences or long pauses.

**Memorandum of understanding (MOU):** An agreement between two or more parties outlined in a formal document. An MOU is not legally binding but signals the willingness of the parties to move forward with a contract.

**Nonemergency care:** Scheduled consultations with a student's mental health providers.

**Organizational readiness:** Recognition of how prepared an organization may be before implementing change based on its current conditions.

**Originating site or remote site:** Where a patient is located during remote sessions (e.g., school). Other common names for this term include – "spoke site," "patient site," and "rural site."

**Peripheral devices:** Any device attached to a computer externally (e.g., scanners, mouse pointers, printers, keyboards, and clinical monitors such as pulse oximeters and weight scales).

**Provider site or distant site:** Where treatment providers are located during remote sessions (e.g. CMHC). Other common names for this term include – "hub site," "specialty site," "provider/physician site," and "referral site."

**Real-time:** Usually refers to a live videoconference or link to a student, such that the provider and student can see each other and interact as they would in a face-to-face encounter.

**System of Care (SOC):** A service delivery approach that builds partnerships to create a broad, integrated process for meeting families' multiple needs. System of care focuses on improving skills and knowledge of service providers to ensure effective interactions between practitioners, children in care, and families.

**Telehealth:** The delivery of health care services using HIPAA-compliant interactive audio and video. Does not include audio-only platforms, email, mail, or fax.

**Telehome care:** Home technology that is quickly moving beyond monitoring and straight to video visits using a student's smartphone, tablet computer, or desktop with a camera. The visits must be routed through the provider's security or encryption systems for patient privacy.

**Telemental health:** An emerging term meant to cover mental health access through technology, whether by student appointments on video link, telephone consultations, or other means.

**Telemental health coordinator:** The individual who cocreates, maintains, and manages a telehealth program. They are the main point person for a telemental health program. There may be a telemental health coordinator for the provider site as well as the school site.

**Telemental health facilitator:** A staff member available onsite to assist a student during a session. They ensure the technology is prepared, students are oriented to the procedures, and support is available for the remote providers and students during the session, as needed. Most likely a staff member of the school district.

**Telemental health provider:** The clinician providing the service to the client.

**Unsupervised site:** Remote sites where treatment sessions occur, and where no support staff are available to a student (e.g., their home).

**Virtual consultation:** A consultation between a mental health provider and a student, who are connected via some form of telecommunications.

## Appendix A. Strengths-Weakness-Opportunities-Threats (SWOT) Analysis

A SWOT analysis can be used to identify **Strengths-Weakness-Opportunities** and **Threats** relative to your organization (e.g., school, district). This process allows your organization the opportunity to identify specific actions that can help to build on strengths, minimize weaknesses, maximize opportunities, and consider threats.

### Process:

1. As a whole group, *brainstorm* **strengths**.
2. Offer group opportunity to *clarify* listed **strengths**.
3. *Consolidate* similar **strength** statements.
4. *Identify* the top three **strengths**. Use a consensus process, if needed.
5. Clearly *define* identified **strengths**.
6. *Repeat* Steps 1-5 for **weaknesses**, **opportunities**, and **threats**.
7. Plan the *next steps* for moving forward.

	Helpful	Harmful
Internal	Strengths	Weaknesses
External	Opportunities	Threats

## Appendix B. Sample Forms

### School District Referral Form

- ☐ COUNSELING SESSIONS
 ☐ ART
 ☐ OTHER
- ☐ RISK/THREAT ASSESSMENT (if applicable)
 ☐ CD SCREENING

Individual's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

School District/Principal Contact Info: \_\_\_\_\_

School CPAM/SOCC Contact Information: \_\_\_\_\_

Areas of Concern (mark all that apply):

- |  |   |   |                                    |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Alcohol/Drug Issues | <input type="checkbox"/> Medical  | <input type="checkbox"/> Safety Issues              | <input type="checkbox"/> Education |
| <input type="checkbox"/> Medications         | <input type="checkbox"/> Social Issues                                  | <input type="checkbox"/> Family                     | <input type="checkbox"/> Legal     |
| <input type="checkbox"/> Mental Status       | <input type="checkbox"/> Vocational                                     | <input type="checkbox"/> Prior Treatment (MH or CD) |                                    |
| <input type="checkbox"/> Other               | <input type="checkbox"/> Family Sessions (see attached incident report) |   |                                    |
| <input type="checkbox"/> DOC                 | <input type="checkbox"/> Probation                                      |   |                                    |

Reason for Referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
School Representative making referral

\_\_\_\_\_  
Date

#### AUTHORIZATION TO RELEASE/SHARE INFORMATION

I \_\_\_\_\_, (Name of student/parent/guardian), give  
\_\_\_\_\_ School District permission to exchange information with [Provider Organization].  
This information will be used only to provide requested services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Email  
this form to: [Provider email]



# AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

RE: \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
(NAME OF CLIENT)

I, \_\_\_\_\_ authorize \_\_\_\_\_ to  
(NAME OF CLIENT/PARENT/GUARDIAN) (NAME OF CMHC/PROVIDER)

(Check All Applicable) ☐ receive from, ☐ release to, ☐ exchange information with \_\_\_\_\_  
(NAME AND ADDRESS OF PERSON/ORGANIZATION TO WHICH RELEASE/EXCHANGE IS TO BE MADE)

## USE OR DISCLOSE INFORMATION LIMITED TO

- |   |   |
|---|---|
| <input type="checkbox"/> Treatment Plan(s) and Reviews/Progress Updates | <input type="checkbox"/> Discharge Plan/Summary                 |
| <input type="checkbox"/> IEP/ISP and/or Education Records               | <input type="checkbox"/> Incident Reports                       |
| <input type="checkbox"/> Client Attendance at Appointments              | <input type="checkbox"/> Seizure Reports                        |
| <input type="checkbox"/> Psychosocial History/Diagnostic Assessment     | <input type="checkbox"/> Psychotherapy notes                    |
| <input type="checkbox"/> Psychological Evaluation                       | <input type="checkbox"/> Chemical substance use/abuse/treatment |
| <input type="checkbox"/> Psychiatric Evaluation                         | <input type="checkbox"/> Information concerning AIDS/HIV        |
| <input type="checkbox"/> Physical examinations or tests                 |   |
| <input type="checkbox"/> Medication management notes                    | <input type="checkbox"/> Other _____                            |
| <input type="checkbox"/> List of Allergies                              | _____   |
| <input type="checkbox"/> Lab Tests/Results                              | _____   |

## PURPOSE FOR DISCLOSURE

- |   |  |
|---|--|
| <input type="checkbox"/> Coordinate Services/Continuity of Care | <input type="checkbox"/> Referral for Services |
| <input type="checkbox"/> Eligibility for Services               | <input type="checkbox"/> Coordinate Funding    |
| <input type="checkbox"/> Diagnosis and Treatment                | <input type="checkbox"/> Education Purposes    |
| <input type="checkbox"/> My personal records                    | <input type="checkbox"/> Other _____           |
|   | _____  |
|   | _____  |

## TELEHEALTH SERVICES

☐ I authorize myself/ my child/ my children to receive Telehealth services from \_\_\_\_\_

- I understand that information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.
- I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the rights to contest a claim under my policy.
- This authorization will expire (Insert date or event): \_\_\_\_\_. If I fail to specify an expiration date or event, this authorization will expire one year from the date on which it was signed.
- I understand that once the above information is disclosed, it may be re-disclosed by the recipient and the information may not be protected by Federal privacy laws or regulations.
- I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

\_\_\_\_\_  
SIGNATURE OF CLIENT DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN/LEGAL CUSTODIAN DATE

\_\_\_\_\_  
SIGNATURE OF WITNESS DATE

**PROHIBITION ON RE-DISCLOSURE:** This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations prohibit you from making any further disclosure of this information except with specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for the purpose. The Federal rules (42 CFR PART 2) restrict any use of the information to criminally investigate or prosecute a client with alcohol or drug abuse history.

\_\_\_\_\_  
SIGNATURE OF EXECUTIVE DIRECTOR OR DESIGNEE DATE

Please attach a copy of this release and return information to:

\_\_\_\_\_  
(NAME OF CMHC/PROVIDER)

Attn: \_\_\_\_\_

☐ File ☐ Send

\_\_\_\_\_  
DATE RELEASE SENT

## Appendix C. Sample Policies and Procedures

### [School District] & [CMHC]

#### Telemental Health Policies and Procedures

##### **Definition:**

*[School District]* and *[CMHC]* will strive to improve and maintain the psychological health of all students and their families by providing student, family, and group counseling remotely. Telemental support services will be provided to help remove barriers to success in school. Positive mental health allows children to think clearly, develop socially, and learn new skills. Mental health is defined as the social, emotional, and behavioral well-being of students. Mental health services are broadly defined as any activities, services, and supports that address the social, emotional, and behavioral well-being of students, including substance abuse.

**Policy Statement:** Telemental Health services will be available to students and families with identified needs. Students and their families will be determined using a referral process developed jointly by the *[School District]* and *[CMHC]*.

##### **Policy Standards:**

- Collaboration and teaming among students, families, *[CMHC]*, and *[School District]* will address the academic, social, emotional, and behavioral needs that arise. Strategies will include the use of screening and referral for early identification and treatment. *[CMHC]* will review referrals to determine the course of action. Evidence-based and emerging best practices will ensure quality in the services and supports provided to students.
- The room where counseling is to be provided will be in a quiet and private setting.
- Written consent will be obtained from all students and families qualifying for telemental health services. The school will adhere to South Dakota state laws regarding minor's rights to consent for telemental health services. The school will use the *[CMHC]* Consent to Treatment Form.
- Students will be referred for services using the PBIS Multi-Tiered System of Support framework. If evaluated, *[CMHC]* will use evaluation tools to assist in

developing a correct diagnosis. Follow up assessments will occur annually or on an as-needed basis.

- *[CMHC]* will keep records regarding student assessment, treatment plans, progress notes, and referrals. The use of data to monitor student needs and progress, assess the quality of implementation and evaluate the effectiveness of supports and services.
- Case consultation will occur between *[School District]* and *[CMHC]* staff when deemed necessary and in the best interest of the student.
- All complaints will be handled following the *[School District]* Complaint Policy and be discussed with *[CMHC]* so a resolution can be reached for all parties involved.

**Definition:** Telemental Health Multi-Tiered System of Support

**PROCEDURES/GUIDELINES:**

*[School District]* will deliver the instructional or behavioral intervention to students in varying levels of need, also known as the MTSS Multi-Tiered System of Supports, to address the academic needs of the larger student body, including students with disabilities. Mental health support is based on an interconnected Systems Framework, prevention is an underlying principle at all three tiers, with Tier 1 focusing on promoting mental health awareness and preventing occurrences of social, emotional, and behavioral problems through the use of universal mental health support and education, Tier 2 focusing on mitigating risk factors or early-onset problems from progressing through the use of targeted small group or individual mental health support and education, and Tier 3 focusing on individual student interventions that address more pressing concerns and prevent the worsening of symptoms that can impact daily functioning. Telemental Health Services will be available to Tier 3 students and families who need individualized interventions to address pressing concerns that are causing distress or functional impairment. Tier 3 telemental health services will address concerns through individual assessment, care coordination, and wrap-around behavioral support services in coordination with *[CMHC]*.

**Definition:** Telemental Health Documentation

**Policy Statement:** To ensure quality and timeliness of telemental health services documentation by *[CMHC]* and *[School District]*.

## PROCEDURES/GUIDELINES:

- The [CMHC] staff member will review the required paperwork on all new students and families, including all assessments and consent forms. A [CMHC] staff member will then complete all necessary steps and meeting timelines.
- The treatment plan will establish meaningful and measurable goals.
- Progress notes will be completed after every session.
- Discharge Summary – [CMHC] staff will complete all discharge documents following all required timelines when services are no longer necessary.
- Medical/Medication Referrals will be made to a medical provider or psychiatrist as needed.
- [CMHC] will review charts annually to determine and ensure all documentation guidelines are being followed.

## Definition: Telemental Health Services

**Policy Statement:** Telemental health services available from [CMHC] will be provided to students and families in [service area] who attend schools in the [School District]. Services may be used for routine assessments and follow-up appointments after the initial face-to-face or online assessment by the counselor. All efforts will be made to provide accommodations for all patients with disabilities to communicate adequately with the counselor through telemental health services. If appropriate accommodations are not available equitable mental services will be provided.

## PROCEDURES/GUIDELINES:

- The student and/or guardian will sign informed consent to participate in telemental health services, including the right to refusal. This form will be included in the enrollment packet.
- The student will be assessed for appropriateness for the telemental health services by the [CMHC] service provider at the [School Site].
- The [School District] will not perform assessments to determine services.
- The student will be educated as to the process of telemental health service delivery model by the [CMHC] counselor and answer any questions the student might have.
- Session times will be scheduled after considering the least intrusive time that works for the student.
- The designated staff person at each site will:
  - School staff, including the SOC, CPAM, Admin, or trained teacher, will facilitate the services.

- o Ensure the student is accompanied to the secure telemental health session room.
- o Assist the student in ensuring connectivity with the remote conferencing system and monitor the student as needed.
- o Ensure the remote conferencing equipment is disconnected, turned off, and secured after the telemental health session is complete.
- o Monitoring of the telehealth sessions will be inside or outside the room as determined on an individual basis after considering the age and/or session topic.
- Should any technical issues occur during the telemental health session, the designated staff person will notify the *[School District]* Tech Coordinator to ensure troubleshooting can occur before the next scheduled visit.
- *[CMHC]* will provide a cell phone to each family to connect to services when technical issues cannot be resolved.
- Telemental health visits will operate in a similar manner as face to face visits.
- *[CMHC]* staff at each location will be responsible for helping to
- coordinate care such as referrals, prescriptions, and other needed student and/or family
- documentation. The treatment provider may also decide, at their discretion, to complete the telemental health visit in person at each school site.

### **Mental Health Services Provided by *[CMHC]* via Telehealth**

- Counseling/Psychotherapy
- Integrated assessment, evaluation, and screening
- Psychiatric Services
- Substance Use Treatment Services
- Case Management
- Liaison Services
- Collateral Contacts

Mental health topics include may include but are not limited to: Depression, Eating Disorder, Anxiety, Attention Deficit Hyperactivity Disorder, Conduct Disorder, Substance Misuse



**Definition:** Telemental Health Services and Technology

**PROCEDURES/GUIDELINES:**

The *[School District]* Tech Coordinator will conduct an assessment of connectivity and network functioning on a weekly basis to ensure uninterrupted telemental health services are able to be delivered as scheduled. Hardware, software, and bandwidth will all be considered and updated as needed. A variety of choices for technology will be available to *[CMHC]* treatment providers so they can meet with students and families. These choices will include iPads, laptops, Trutouch boards, and phones with Facetime capabilities. Staff will use iPads to schedule appointments and keep track of schedules at each building.

Approved by:

Superintendent	9-21-2020
Elementary Principal	9-21-2020
Middle/High School Principal	9-21-2020
Project AWARE CPAM	9-21- 2020
Project AWARE SOC	9-21-2020
Special Education Teacher	9-21-2020
CMHC CEO	9-21-2020
CMHC Program Coordinator	9-21-2020

## Appendix D. Sample Emergency Response Procedure

### TELEMEDICINE GUIDELINES BEHAVIORAL HEALTH SUICIDE CALL RESPONSE

#### PROVIDER:

*Name of Facility*

*Address Phone*

Fax

#### ORIGINATING SITE:

*Name of Facility*

*Address Phone*

Fax

**PURPOSE:** To provide a physical response to a patient's threat of suicide as deemed necessary by the provider during a telemedicine session.

**SUPPORTING DATA:** A physical presence must be assured when needed during any behavioral health session. This presence must be supported by the originating site.

#### PROCEDURE: SPECIALIST SITE:

If immediate intervention is needed, during a telemedicine session:

- ☐ Call **Nurses' Station at (406) 632-3113** and state, "**Immediate response needed to suicide threat in the clinic basement conference room. Client's name is \_\_\_\_\_ and he/she has threatened suicide with \_\_\_\_\_.**"
- ☐ If weapon availability has been identified, **Facility name and phone number** will also be requested to respond by stating, "Immediate response needed to suicide threat in the clinic basement conference room. Client's name is \_\_\_\_\_ and he/she has threatened suicide with \_\_\_\_\_."

If immediate intervention is needed, as assessed during telephone call from patient's home:

- ☐ Try and get location of patient.
- ☐ Call the **Facility Name and Number** requesting immediate response to patient's location. State, "Welfare check needed on \_\_\_\_\_ (name) at \_\_\_\_\_ (address) \_\_\_\_\_. He/she has threatened suicide with \_\_\_\_\_."

**PROCEDURE: SPOKE SITE (Patient Site):**

- ☐ Consultation room will have key available or non-locking door to enter as needed.
- ☐ Upon receipt of call from *Facility Name* stating, “Immediate response needed to suicide threat in the clinic basement conference room (telemedicine room).....,” personnel will go to telemedicine room to offer physical presence in room and protect patient as able.
- ☐ If weapon has been identified, the *Specific County* Sheriff’s Office will also respond.